

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

FY 2009

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number

Q96716

Confirmation Number

6983

Application Number 10/598,533

Filing Date September 1, 2006

For MEDICINAL COMPOSITION FOR PREVENTION OR TREATMENT OF OVERACTIVE BLADDER
ACCOMPANYING NERVOUS DISORDER

Art Unit 1614

Examiner Name BLAKELY III, NELSON
CLARENCE

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

Fee Small Entity Fee

- | | | | | |
|-------------------------------------|---------------------------------|-----------|-----------|-----------------|
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$130.00 | \$65.00 | _____ |
| <input checked="" type="checkbox"/> | Two month (37 CFR 1.17(a)(2)) | \$490.00 | \$245.00 | <u>\$490.00</u> |
| <input type="checkbox"/> | Three month (37 CFR 1.17(a)(3)) | \$1110.00 | \$555.00 | _____ |
| <input type="checkbox"/> | Four month (37 CFR 1.17(a)(4)) | \$1730.00 | \$865.00 | _____ |
| <input type="checkbox"/> | Five month (37 CFR 1.17(a)(5)) | \$2350.00 | \$1175.00 | _____ |

- ☐ Previous Payment Amount Date Submitted _____
- ☐ Applicant claims small entity status. See 37 CFR 1.27
- ☐ A check in the amount of the fee is enclosed.
- ☒ Payment by credit card.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees, **except for the Issue Fee and the Publication Fee**, or credit any overpayment, to Deposit Account Number 19-4880.

I am the

- ☐ applicant/inventor
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- ☒ attorney or agent of record. Registration Number 40,641
- ☐ attorney or agent under 37 CFR 1.34.
- ☐ Registration number if acting under 37 CFR 1.34 _____

WASHINGTON OFFICE

23373

CUSTOMER NUMBER

/Jennifer M. Hayes/

Signature

September 1, 2011

Date

Jennifer M. Hayes

Typed or printed name

(202) 293-7060

Telephone Number

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 form is submitted.